

PATENT APPLICATION SERIAL NO. 10/518441

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/29/2004 SNAJARRO 00000069 10518441

| | |
|------------|-----------|
| 01 FC:2631 | 150.00 OP |
| 02 FC:2632 | 250.00 OP |
| 03 FC:2633 | 100.00 OP |

06/03/2005 AJOHNS02 00000003 10518441

01 FC:2642 200.00 OP

02 FC:2632

-250.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|--|---|---|--------------|---|---|----|---|---|---|---|
| 1 Date of Request: _____ | | 2 Serial/Patent <u>10/518441</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| <input checked="" type="checkbox"/> Filing | | 1 | 12/17/04 | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ 50 | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | \$ 50 | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">4</td> </tr> </table> | | 0 | 8 | -- | 3 | 2 | 8 | 4 |
| 0 | 8 | -- | 3 | 2 | 8 | 4 | | | | |
| 10. REASON: | | | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | | | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>A. JOHNSON</u> | | TITLE: <u>paralegal</u> | | | | | | | | |
| SIGNATURE: <u>A. Johnson</u> | | PHONE: <u>308-9140</u> | | | | | | | | |
| OFFICE: <u>PCI</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: